



Hertfordshire

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EXCLUSIVE

NHS rationing revealed: Half of ICBs deliberately delaying patient care with “minimum waits”

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Nearly half of health boards in England are deliberately delaying care for patients by imposing minimum waiting times, *The BMJ* can reveal.

A total of 17 of the 36 integrated care boards (ICBs) have introduced minimum waits of between 12 and 16 weeks for procedures including hip, knee, and cataract surgery, freedom of information requests show.

The Royal College of Surgeons said it was “concerned by the scale” of measures that can prolong patients’ pain, while the Royal College of General Practitioners said the thresholds were “difficult to justify.”

The minimum waits are being used by local ICBs as a rationing tool to slow down the rate of procedures and control costs.¹

But experts pointed out that imposing blanket 16 week waits, in particular, meant that patients were likely to breach the 18 week target. Under the NHS constitution, patients have a right to be treated within 18 weeks of a GP referral. But this target has not been hit nationally in over a decade, since February 2016.

The BMJ sent freedom of information requests to all 36 ICBs in England to investigate the extent to which minimum waiting times were being used.

Some 35 boards responded (a 97% response rate).

Of these, 17 (49%) confirmed that they had imposed some form of minimum wait. A further 16 ICBs said that they did not have a minimum wait, and two—NHS North East London and NHS Northamptonshire—provided unclear responses.

Of the ICBs that have introduced minimum waiting times, two (NHS Shropshire, Telford, and Wrekin and NHS West Yorkshire) have imposed a minimum wait of 16 weeks for all routine procedures.

Reacting to the data, the Royal College of Surgeons of England’s president, Tim Lane, said, “We are concerned by the scale of this and, particularly, by the variation in approaches between ICBs.

“Patients should be able to expect that access to treatment is determined by their clinical need, not by where they live.

“We recognise the significant financial and capacity pressures facing the NHS, but minimum waits risk meaning that patients who are clinically ready for treatment are deliberately made to wait.

He added, “For patients, this can mean living with pain, living with reduced mobility, experiencing anxiety for longer, as well as being unable to work or carry out normal activities.

“There is also a risk that a patient’s condition may deteriorate while they are waiting, potentially changing their clinical needs and priority for treatment.”

Victoria Tzortziou Brown, president of the Royal College of GPs, added, “Blanket minimum waiting times that require patients to wait longer than clinically necessary for administrative or financial reasons are difficult to justify, particularly where patients could otherwise be treated sooner.

“At a time when the NHS is trying to bring waiting times down, we should be doing everything possible to ensure patients can get the care they need without unnecessary delays.”

ICBs with thresholds in place include South East London, which has introduced a 16 week minimum wait for cataract treatment, and Humber and North Yorkshire, which has imposed a “planning assumption” of 16 weeks, under which NHS and independent providers expect patients to wait an average of 16 weeks.

Lane added, “A minimum wait of 16 weeks, for example, leaves just two weeks within the NHS’s 18 week referral-to-treatment standard for treatment to take place, leaving very little margin for any further delay and potentially increasing the risk of patients waiting beyond 18 weeks.”

North East and North Cumbria has imposed a similar “planning assumption” that patients will wait an average 15 weeks for all elective procedures, and six other ICBs (Birmingham and Solihull, Black Country, Coventry and Warwickshire, Devon, Hereford and Worcestershire, and Somerset) have a minimum wait of 14 weeks for all elective procedures.

Some ICBs using minimum waits—including Essex, Shropshire, Telford, and Wrekin, and Somerset—said that the measures allowed them to make the best use of financial resources and ensure patients were treated fairly.

Lane added, “Minimum waits appear to be one way some ICBs are attempting to manage demand, capacity, and financial pressures. However, slowing down treatment should not become a substitute for addressing the underlying capacity challenges facing the NHS.”

Leicester, Leicestershire, and Rutland has a 14 week minimum wait for orthopaedics and ophthalmology, Thames Valley has a 14 week minimum wait for cataracts, and Dorset has a 14 week minimum wait for independent surgical providers of NHS care.

South Yorkshire has a 13 week minimum wait, Essex has a 12 week minimum wait for cataracts, and Greater Manchester has a 12 week minimum wait for private sector providers of NHS care.

Sally Gainsbury, senior policy analyst at the Nuffield Trust think tank, told *The BMJ*, “Limiting activity by a certain minimum waiting time can be an equitable and rational response to making sure your budget is spread evenly across your population.”

She explained that ICBs’ budgets tended to be “skewed” towards the private sector, which had lots of capacity to perform hip, knee, and cataract surgery quickly. This meant that the ICB had less money to pay for patients needing procedures such as hysterectomies or patients with complex medical needs, who are typically not treated by private providers.

But she added, “I’m concerned there isn’t clarity on how to do this fairly.

“Are they doing it to ensure their elective care capacity is equitable or are they simply doing it to save money. Is this waiting time based on the longest waiting time they think the population will tolerate or has there actually been an assessment on the impact on people’s health?”

Last October, health minister Karin Smyth said that it was acceptable for NHS organisations to impose minimum waiting times to save money, prompting the British Medical Association to criticise her position as “absurd.”

This followed a report in the *Times* earlier that year that some ICBs were imposing the waits.²

The latest NHS figures for June show that 65.8% of patients were treated within 18 weeks against a target of 92%. This has not been met nationally since February 2016, although it has gradually improved under Labour.³

In July, Prime Minister Andy Burnham said that the NHS would not return to good waiting time standards until the country fixed social care.⁴

Sixteen ICBs that responded to the request said they hadn’t imposed minimum waiting times.

Cheshire and Merseyside did not provide a response to our request nor follow-up questions. But last September the *Health Service Journal* reported that the ICB had set a 16 week minimum waiting time for ear, nose, and throat procedures.⁵

Commenting on the use of minimum waits, an NHS spokesperson said, “While commissioned wait policies help the NHS make the best possible use of its services, staff, and budgets—all patients are seen in order of clinical need.”

“We recognise that any wait for treatment can be difficult for patients, and we would not expect any organisation to commission waits that risks breaching NHS Constitution standards, which set an 18 week maximum wait for elective treatment.”

A spokesperson for NHS Devon ICB said, “NHS Devon has introduced minimum waits of 14 weeks for clinically routine cases. We take a consistent approach to treat all providers equitably, and this also applies to all specialties. The aim is to achieve equalising of waiting lists across NHS and non-NHS providers.”

“We want to ensure the best healthcare outcomes within available resourcing, and this will address those areas seeing the longest waits.

“It will also reduce health inequalities experienced by patients who are not within medical criteria to (or for other reasons cannot) access non-NHS providers.”

- 1 Iacobucci G. Minimum waits for treatment “absurd” and harm patients, doctors say. *BMJ* 2025;391: pmid: 41136243. doi: 10.1136/bmj.r2249
- 2 Smith, C. NHS patients face more delays as ‘minimum waits’ imposed. *Times*. 1 Jul 2025. <https://www.thetimes.com/uk/politics/article/nhs-patients-face-more-delays-as-minimum-waits-imposed-nnsvmtrgb>
- 3 NHS England. Consultant-led Referral to Treatment Waiting Times Data 2026-27. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2026-27/>
- 4 BBC News. NHS “will collapse” without social care reform, PM tells BBC. 27 Jul 2026. <https://www.bbc.co.uk/news/articles/cn0n5xpz2o4>.
- 5 Illman J. ICBs told to ‘urgently review unacceptable waiting times.’ *HSJ*. 3 Sep 2025. <https://www.hsj.co.uk/quality-and-performance/icbs-told-to-urgently-review-unacceptable-waiting-times/7039937.article>